

PRINT CLAIM(S):

192

09/264547

INDEX OF CLAIMS

Claim			Claim			Claim		
Final	Original	Date	Final	Original	Date	Final	Original	Date
	3	11		21	2			
	24	00		21	2			
	00	00		00	00			
1	24	00	1	21	2	1		
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119			119			119		
120			120			120		

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	9-22-99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AD	71090	3/29

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	21	00
2	✓	22	00
3	✓	23	01
4	✓	24	01
5	✓	25	02
6	✓	26	02
7	✓	27	04
8			
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16			
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18			
19			
20	✓	0	=
21	✓	✓	=
22	✓	✓	=
23	✓	✓	=
24	✓	✓	=
25	✓	✓	=
26	✓	✓	=
27	✓	✓	=
28	✓	✓	=
29	✓	✓	=
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39	✓	✓	=
40	✓	✓	=
41	✓	✓	=
42	✓	✓	=
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44	✓	✓	=
45	✓	✓	=
46	✓	✓	=
47	✓	✓	=
48	✓	✓	=
49	✓	✓	=
50	✓	✓	=

Claim	Final	Original	Date
51	✓	21	00
52	✓	22	00
53	✓	23	01
54	✓	24	01
55	✓	25	02
56	✓	26	02
57	✓	27	04
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63	✓	33	04
64	✓	34	04
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67	✓	37	04
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96	✓	66	04
97	✓	67	04
98	✓	68	04
99	✓	69	04
100	✓	70	04

Claim	Final	Original	Date
9	✓	101	00
10	✓	102	00
11	✓	103	01
12	✓	104	01
13	✓	105	02
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54	✓	146	04
55	✓	147	04
56	✓	148	04
57	✓	149	04
58	✓	150	04

If more than 150 claims or 10 actions  
staple additional sheet here